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Total image : a key to healthy aging in older women

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TOTAL IMAGE: A KEY TO HEALTHY AGING IN OLDER WOMEN

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By

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ABSTRACT

TOTAL IMAGE: A KEY TO HEALTHY AGING
IN OLDER WOMEN

by Tina Camagna Foley

This Master's Project is an explanatory report linking personal image to healthy aging. It is based on the concept that a positive self-image for older women becomes a vital force in their later years. This concept became the foundation for a therapeutic program entitled "Total Image," sponsored by the East Side Union High School District Older Adult Program. The 18-week program explores the important areas of concern for aging women, as well as the progression of their personal image needs across the life span. It also investigates the relationship between the perception of attractiveness and the physiological and psychosocial changes occurring in senescence. After an explanation of the "Total Image" curriculum, this report examines an actual case study analyzing the benefits of such a presentation.

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There is no sufficient way to thank my older adult students for the insights they offered, other than to affirm that this project is for them.

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Chapter 1

INTRODUCTION

For years, the personal care and clothing industry has ignored the needs of the older woman. Perceptions of youth and beauty have been a part of our socialization throughout the life span. We continue to live in a youth-oriented society.

The consequences of ageism plague women in every aspect of the media, from television commercials to company newsletters. Fortunately, the women's movement has heightened our awareness of this issue. However, ageism remains with us, in part because eradicating prejudices and sterotypes is difficult.

Books, classes, and videos in the area of personal development have failed older women due to the paucity of information that specifically targets this age group. Many women are entirely unprepared for the aging process, making them vulnerable to the fear of growing older. Since the older years are perhaps the most complicated and challenging phase for women, a therapeutic directive linking the affect of youth to full maturity is sorely needed.

There is a powerful relationship between self-esteem, the aging process, and physical attractiveness (Johnson & Pittenger, 1984; Henss, 1991; Webb et al., 1989). To feel unsatisfactory or unattractive because one's appearance is

outside the ideals of our youth-oriented culture can be detrimental to many older women. This attitude may ultimately hinder self-development and a wholesome mind-state.

"Total Image" is a program created to foster self-esteem, love, and well-being in older women--a conduit for growth and inner radiance. The program is designed to empower the recipients to personally challenge the negative effects of ageism in our society. The East Side Union High School District in San Jose sponsors the "Total Image" series through their Older Adult Program.

This report provides information that could be helpful to educators and health care professionals working in the area of social gerontology. It includes a review of the literature, a descriptive examination of the "Total Image" program, and an actual case study of one of the older adult participants.

Definition of Terms

For this Master's Project, the following terms apply:

1. Older Women refers to females 55 years of age and over, indicating chronological age only.

2. Healthy Aging "is growing older and staying as active and independent as possible" (Mockenhaupt & Boyle, 1992, p. 3).

3. Personal Image refers to one's individual appearance, a representation of the self.

4. Attractiveness is the quality or qualities in an individual or thing that pleases the senses or mind.

Chapter 2

LITERATURE REVIEW

A Profile of Older Women

To better understand the needs of older women, it is important to have a basic awareness of general demographic facts which may affect the future course of our aging female population. The present growth rate of our nation's elderly signals a phenomenal change in the demographic composition of the United States.

Americans age 60 and over currently number 42 million; they represent approximately 17% of the total United States population (California Association of Area Agencies on Aging, 1993). By 2010, the 76 million individuals born between 1946 and 1964, commonly known as the "baby boomers," will begin to reach age 60 (California Department on Aging, 1993). This anticipated milestone is expected to increase the nation's elderly population by 30%.

California, Florida, and New York maintain the highest number of older residents; each have over two million older adults (Ferrini & Ferrini, 1989). The California Association of Area Agencies on Aging (1993) states that: "For the first time in our history, there are more adults caring for aging parents than for children" (p. 5). In 1990, one in every seven

Californians was aged 60 and over. By 2040, this ratio will expand to approximately one in every five (Butler, Lewis, & Sunderland, 1991; California Department on Aging, 1993).

Since World War II, there have been more women of all ages than men in the United States. The discrepancy is greater, however, within the oldest-old (85-plus) segment of our population (Haug, Ford, & Sheafor, 1985). In 1989, the ratio for adults 65 and over was 145 women for every 100 men. This figure increases dramatically with age; within the 85 and older group, there are 258 women for every 100 men (United States Bureau of the Census, 1990). The life expectancy of a male born in the United States in 1990 is 72.6 years; females can expect to live 79.2 years (California Department on Aging, 1993).

Despite improvements in their economic status, a significant number of our nation's elderly live in poverty. Women and minorities continue to suffer. The median income of older persons in 1989 was $13,107 for males and $7,655 for females (American Association of Retired Persons [AARP], 1990). The income distribution according to ethnicity is as follows: 10% of elderly Whites was poor in 1989, compared to 21% of elderly Hispanics, and 31% of elderly Blacks (United States Bureau of the Census, 1990). The vast majority of the elderly

poor are female (72%) and either Black (40%) or Hispanic (26%) (Margolis, 1990).

Paradoxically, the median net worth (assets minus liabilities) of older households sends an altogether dissimilar message. Older adults net an astonishing $60,300, while those under 65 net only $32,700 (United States Bureau of the Census, 1990). Correspondingly, the vast majority of non-liquid assets in the United States are owned by our older adults; 75% own their own homes (AARP, 1990).

Healthy Aging

Aging is a lifelong process. Gradual changes begin the moment we are born (Ferrini & Ferrini, 1989; Butler et al., 1991). How an individual deals with these changes sheds light on the definition of healthy aging. Mockenhaupt and Boyle (1992) posit that "healthy aging is growing older and staying as active and independent as possible" (p. 3). The authors theorize that healthy aging is based on a positive attitude regarding oneself and life. They believe that such an attitude can work for all persons, regardless of present health status.

Although survival requirements may intensify, older adults still have strong needs for validation of self-esteem and self-determination (California Department on Aging, 1993). Butler et al. (1991) contend that with proper environmental support (nutrition, exercise, health care, etc.),

old age can become an era of extensive good health, with a more predictable decline. Many experts in the area of aging agree that healthy aging often requires older adults to make lifestyle changes to improve health and emotional well-being (Mockenhaupt & Boyle, 1992; Butler et al., 1991); Humphrey, 1991; Ferrini & Ferrini, 1989). The answer lies with a mindfulness that *change* can make a profound difference in the quality of one's life (Mockenhaupt & Boyle, 1992). In the briefest terms, one must be able to adapt to the vicissitudes of life.

Physiological Changes

Haug et al. (1985) report that the majority of older women (69%) rate their physical health as good or excellent. They suffer more chronic and acute illnesses than older men, but most of these conditions are not life-threatening. Older women are more bothered by health symptoms that can, in turn, restrict social and physical activities (Henig, 1985; Haug et al., 1985).

Not all women age at the same rate. While drooping breasts, thick waistlines, and expanded hips and abdomens are characteristic of older women, these age-related changes, which are often perceived as negative, can be avoided. With this perspective, Henig (1985) recommends a disciplined exercise regime along with a conscientious diet. She believes that today's health conscious young women will

maintain their attractive silhouettes far longer than did their mothers. According to some gerontologists, heredity, environment, and lifestyle are the three main factors which affect health (Butler et al., 1991; Ferrini & Ferrini, 1989; Mockenhaupt & Boyle, 1992; Henig, 1985). It is widely acknowledged that older women must take responsibility for their own personal health by maintaining regular health screenings with professional health care providers and by prudent self-care practices. What is not acknowledged is that these practices are expensive and, therefore, unavailable to women of lesser economic means.

Age-related changes in older women's musculoskeletal system result in decreased muscle strength, flexibility, stature, and resilience of joint structure (Haug et al., 1985; Henig, 1985; Ferrini & Ferrini, 1989). Body fat and weight are normally increased (Webster, 1988). Women are eight times more likely to develop osteoporosis, a gradual decrease in both the amount and the strength of bone tissue, than men. Osteoporosis affects one-half of women over age 45 (Mockenhaupt & Boyle, 1992). The general consensus is that older women may be able to prevent osteoporosis with a calcium rich diet, exercise, and hormone replacement therapy (HRT) (Webster, 1988; Mockenhaupt & Boyle, 1992; Ferrini & Ferrini, 1989; Butler et al., 1991; Haug et al., 1985). Skeletal

muscles can also be strengthened by exercise. If not used, a muscle will decrease notably in size and strength (Ferrini & Ferrini, 1989).

The majority of prevailing literature has indicated the value of maintaining good posture. Henig (1985) contends that a woman's posture promotes healthy body alignment, ensuring that each muscle is carrying its designed distribution of weight. Ferrini and Ferrini (1989) state that "elders commonly assume a stooped posture," and that the gravitational compression of the vertebral disks in the spinal column can lead to a decrease in height (p. 64). Poor posture reduces a myriad of physiological functions including lung capacity, organ function, motion, and equilibrium (Webster, 1988; Ferrini & Ferrini, 1989; Haug, 1985; Henig, 1985).

Ferrini and Ferrini (1989) connect posture to personal image by theorizing that: "Poor posture detracts from general appearance, contributing to a decreased sense of self-worth" (p. 64). Low-level exercise can help older women maintain good posture well into the later years (Webster, 1988; Ferrini & Ferrini, 1989; Henig, 1985). The myth that poor posture is an inevitable aspect of aging has been greatly exaggerated over the years (Ferrini & Ferrini, 1989). For the most part, good posture is under a woman's own control.

Other age-associated changes which may affect an older woman's appearance include changes in teeth, hair, and skin. The amount of enamel on the surface of the tooth decrease with age, causing discoloration and yellowing. The layer of dentin underneath the enamel also becomes more translucent (Henig, 1985). Mockenhaupt and Boyle (1992) state that in 1986, 36% of adults 65 and over in the United States had lost all of their natural teeth, and that many of these individuals wear partial or full dentures. Henig (1985) asserts that the average 70-year old woman has lost one-third of her natural teeth. She stresses that with proper dental care, future generations of women should fare better.

Gerike (1990) suggests that not enough research has been conducted on the graying of hair. It is universally depicted as a sign of advancing years, despite the fact that hair can begin to change color in early adulthood (Henig, 1985; Gerike, 1990; Ferrini & Ferrini, 1989). Graying is caused by a reduction in the amount of pigment at the root of the hair follicle (Henig, 1985; Ferrini & Ferrini, 1989). Although the age at which individuals begin to gray appears to be genetically determined (Gerike, 1990), women generally notice a significant difference by age 50 (Henig, 1985). In time, the protein-producing pigment cells, called melanocytes, shut down altogether and the hair roots produce white hair (Gerike, 1990).

Along with graying hair, older women may notice a change in the texture of hair (Henig, 1985). Hair of the scalp may become thinner, whereas facial hair may become coarser and darker (Ferrini & Ferrini, 1989).

The rate at which skin changes is strongly influenced by heredity, exposure to sun, environment, diet, and self-care (Henig, 1985; Ferrini & Ferrini, 1989; Humphrey, 1992). In general, as a woman ages her skin tends to become more discolored, blotchy, drier, and wrinkled (Henig, 1985). The outer epidermal layer becomes thinner due to a slower turnover rate in cells (Ferrini & Ferrini, 1989). Wrinkling occurs when the deep layer of skin, the dermis, loses moisture and elasticity (Henig, 1985). Loss of subcutaneous fat, combined with a reduction in elasticity, causes sagging and folding of the skin (Ferrini & Ferrini, 1989).

The degree to which a woman's skin ages is directly related to the amount of sun exposure. Sunlight damages the elastic fibers in the skin (Ferrini & Ferrini, 1989) and fosters the growth of "age spots" (Henig, 1985). Most experts recommend avoiding prolonged exposure to sunlight.

Extensive research has been conducted on age-related changes in visual capacity (Roy, Podger, Collier, & Gunkel, 1991; Buckalew, 1989; Baldelli, Toschi, Motta, & Ciscari, 1991; Gilbert, 1957). These studies

show that the lens of the eye becomes less elastic, loses its ability to change focus, and yellows with advancing years. Early studies (Pickford, 1951; Ouellette, 1955; Gilbert, 1957) indicated that due to the yellowing of the lens, older adults have greater difficulty in discerning blue, blue-green, and violet than do younger persons. Older women generally scored better on these color vision tests; however, Pickford (1951) attributed this finding to the fact that women have greater familiarity with color names.

Psychosocial Changes

Older adults may be at greater risk of mental disorders and their complications than younger persons (Mockenhaupt & Boyle, 1992). The common types of mental health problems for older women include depression and dementia (Butler et al., 1991; Mockenhaupt & Boyle, 1992; Haug et al., 1985; Henig, 1985).

Butler et al. (1991) describe major depression as the "existence of depression or a marked loss of interest in activities for at least two weeks" (p. 117). Symptoms of depression include feelings of despair, suicidal thoughts, sleep disturbance, fatigue, weight changes, and loss of interest in normal activities (Ferrini & Ferrini, 1989; Mockenhaupt & Boyle, 1992; Butler et al., 1991). Elkowitz (1979) theorizes that stress, associated with loss, is a major component of aging and is closely linked

with an older adult's ability to adapt. He describes feelings of worthlessness and believes that "with aging and the new clustering of stress, depression becomes evident--with the drive to live or personal motivation being diminished. Helplessness and a loss of self-esteem become more apparent" (p. 203).

Geriatric psychiatrist Carl Eisdorfer, however, believes that depression is no more common among the elderly than any other age group in the population (1994). He differentiates between clinical depression and dysphoria, a milder form which is more common. Older people who have suffered many losses and are exhibiting signs of depression may actually be involved in a grief process and are not clinically depressed.

Depression is difficult to diagnose because it is likely to disguise itself in a number of physical or mental problems (e.g., sleep disorders, anxiety) (Henig, 1985; Ferrini & Ferrini, 1989). Depression is thought to affect twice as many women as men (Henig, 1985). Women suffering with depression generally have a weaker self-image that is usually exacerbated by acceptance of stereotypes (Henig, 1985). Elkowitz (1979) suggests that society's obsession with a youthful image contributes to the symptoms of depression among older adults.

Dementia is a group of diseases characterized by confusion, memory loss, and disorientation (Butler et al., 1991; Ferrini & Ferrini, 1989; Mockenhaupt & Boyle, 1992). Butler et al. (1991) contend that "the hallmark of dementia is the abnormality of short- and long-term memory" (p. 155). Dementia is not considered to be a normal part of aging; it affects only about 15% of older adults in the United States (Mockenhaupt & Boyle, 1992). The most common dementia is Alzheimer's disease (Butler et al., 1991; Ferrini & Ferrini, 1989).

Healthy aging is based upon the premise that growing old is synonymous with meaningful activity--that aging, life satisfaction, and self-esteem can harmoniously coalesce. Mockenhaupt and Boyle (1992) further define the premise:

> People who stay active, both physically and mentally, report feeling better--having more energy and feeling less depressed and better able to deal with life's challenges and enjoy life's pleasures. Staying healthy and active into the later years can help people feel good as they grow older (p. 3).

Two popular, diametrically opposed psychosocial theories of aging are the "activity theory" and the "disengagement theory." Both are highly controversial (Butler et al., 1991) and subjective.

The "activity theory" postulates that the elderly who maintain active roles, characteristic of middle age, will be more satisfied than less involved older adults (Mockenhaupt & Boyle, 1992). In short, older

adults are encouraged to remain active and keep busy which results in staying young. This theory is consistent with western society's value system of work and productivity, based on money and good health (Schulz, 1985). It also coincides with Mockenhaupt and Boyle's (1992) premise on healthy aging.

The "disengagement theory" maintains that withdrawal from active roles is conducive to complacency and fulfillment in old age; it is good for society in general (Butler et al., 1991). It is premised on a belief that older adults want to be released from society's expectations which force them to be productive and competitive. This alienation can encourage the transfer of power from old to young, thereby inspiring further withdrawal (Margolis, 1990).

Developmental theorist Erik Erikson (1980) consolidates the two aforementioned theories in his stages of psychosocial development. He labels the last stage of human development (Stage VIII, 50s and beyond) "integrity versus despair," and further defines it as an encapsulation of all previous stages that have been managed effectively. Green (1989) states:

> Erikson believes that a successful resolution to the crisis of integrity versus despair requires a lifetime of earlier conflict resolutions as well as a sense of peaceful satisfaction with one's past. The successful aging individual gains a broader vision of life and gains ego strength from this awareness. Ego integrity also

> helps one adjust to the frailties of aging and one's eventual death. In contrast, despair results when one fears the inevitability of old age and death (p. 76).

Erikson (1980) contends that the later years are met with increased wisdom and spirituality in many individuals. His theory of integrity versus despair, however, poignantly describes the despondency that some older women have to live with. These women lose their sense of integrity and eventually succumb to the pressure of despair.

Attitudes toward Older Women

Gerontologist Robert Butler (1969) is credited with creating the term "ageism." Butler (1991) describes ageism as "the prejudices and stereotypes that are applied to older people sheerly on the basis of their age" (p. 243). Ageism may occur because older adults are viewed as separate or different; they no longer experience the same thoughts and emotions as the rest of society (Ferrini & Ferrini, 1989).

Liberation from the "shackles of ageism" occurs for older women only when they begin to appreciate and truly like one another (Doress & Siegal, 1987). It is imperative for women of all ages to acknowledge the strength and beauty of the aged female population (Henig, 1985; Doress & Siegal, 1987).

Butler et al. (1991) contend that "ageism, like racism and sexism, is a way of pigeoning people and not allowing them to be individuals with

unique ways of living their lives" (p. 243). Denial of age slowly erodes older woman's self-esteem. She finds herself enduring old age rather than enjoying it (Doress & Siegal, 1987).

Haug et al. (1985) discuss the "double jeopardy" of being a member of a minority and being aged. "Triple jeopardy" refers to individuals who are female, aged, and members of a minority group. Many of these women have to cope with ageism, sexism, and racism. Despite the negative aspects, minority women do have unique resources such as strong social networks within the family and the local community (Ferrini & Ferrini, 1989).

History of Beauty

Since time immemorial, humans have attempted to define the general principles of beauty. The great theories, concepts, and philosophies of beauty help to temporarily satisfy humankind's yearning to unfold the truth of what constitutes "beauty." The universal thought is that beauty is an excellence, a standard, a value. We care for the image or appearance of the person or object, for the way it affects or pleases our senses (Puffer, 1906).

Despite the prodigious amount of literature on the subject of beauty and attractiveness, no one has yet come up with a definition to

satisfy all societies. It is relatively safe to assume that some men are intrigued by beauty and some women are obsessed by it.

Beauty and Religion

The oldest of the world's Eastern religions, Hinduism, can best be described as a philosophy rather than an established religion (Haskins, 1973). The salient theme of Hinduism is the "beauty of detachment." It becomes the most important goal of life--to free oneself from one's joys, sorrows, and efforts. A detached individual accepts success and failure alike and merely lives life to the fullest (Noss, 1974). According to the Hindu philosophy, beauty is also described as the transmigration of souls or the rebirth process.

Buddhism asserts that beauty is Nirvana (Haskins, 1973), the indescribable state of bliss achieved by enlightened and liberated beings after death. Nirvana is timeless and formless, yet it is all-pervasive.

The Chinese Taoists believe in the interpenetration of opposites known as Yin and Yang (Kramer, 1988). Beauty is thus achieved in the proper balance or combination of the two qualities (Morton, 1964). Kramer (1988) describes how each dimension is continually transforming into its opposite, representing "harmonious dualism." Through this representation, one can conclude that there is no beauty, that beauty and its opposite (ugliness) cannot be bifurcated; they are one.

In Western religion, the first section of the Christian Bible is known as the Old Testament. In II Kings 9:30, the prophets preached how the Lord was not impressed by the "painted face" of the beautiful Jezebel; He had the cursed woman slain. The Old Testament's Book of Esther was primarily devoted to the subject of beauty and grooming; Esther wanted to be exquisitely beautiful to please the king.

The second section of the Christian Bible, The New Testament, made many references to beauty and adornment. Beauty was often depicted as vain and evil. In I Peter 3:3, the apostle suggests that a dutiful wife should be less concerned about the "outward adorning of plaiting the hair, and of wearing of gold, or of putting on of apparel," and more concerned with inward righteousness. Likewise, in Proverbs 31:30, "Favour is deceitful, and beauty is vain: but a woman that feareth the Lord, she shall be praised." In the Biblical analysis, there appears to be no relationship between beauty and physical trappings. Accordingly, in a biblical sense, beauty is a spiritual, not a physical concept.

Beauty and Literature

Beauty for Dante embodied a religious experience. His first crisis came when he was 9 years old, immediately upon seeing Beatrice (Fletcher, 1966). The moment of truth is explained in the last words of the Divine Comedy:

> To the high fantasy here power failed; But already my desire and will were turned--Even as a wheel revolving evenly--By the Love that moves the sun and other stars.

Beatrice inspired Dante and her unique beauty of body and soul was as precious to him on earth as in heaven (Fletcher, 1966).

In Love's Labour's Lost, Shakespeare used masks and fancy dress to divert our attention away from the reality of beauty. Vyvyan (1961) theorizes that in both Romeo and Juliet and The Two Gentlemen of Verona the allegory of love, in its pilgrimage to heavenly beauty, is the inner meaning or essence of the works. Michelangelo certainly spoke for Shakespeare when he said that "love turned his eyes to beauty, and beauty leads the soul to whatever heaven there may be" (p. 207).

In the Psychology of Beauty, Puffer (1906) described how literature's perfect moment of beauty comes when words convey history's true meaning. "Beauty in literature is the power to enchant--through the mind and heart, across the dialect of life, into a moment of perfection" (p. 211).

Beauty and Fine Art

The goal of fine art is to create an insightful appreciation and gratifying enjoyment of beauty. Regardless of the area of art, there is always that pull or drive between imagination and creation (Gardner,

1980). The artist is the communicator, with the finished product being a reflection of his or her inner self.

All great civilizations have had their ideals of feminine physical beauty, which seem to have expressed their time in history (Morton, 1964). The rounded Greek figures, depicted in the *Venus de Milo*, *Nike of Samothrace*, and *Aphrodite of Cyrene*, epitomized the popular proportions of their culture.

The absorbing passion for feminine beauty reveals itself in the Renaissance era (Fletcher, 1966) in Titian's *Venus of Urbino* and *Sacred and Profane Love*. A century later in the Baroque period, Rubens delighted his audience with *The Rape of the Daughters of Leucippus*, creating beauty with contrasting textures, ardent colors, and the soft luminous flesh of young maidens (Gardner, 1980).

Beauty and Philosophy

The concept of beauty, as a philosophical principle, was first identified by Plato. Much of our modern-day theorizing stems from the two great speeches of Socrates, in the Phaedrus and the Symposium. The dialogue Phaedrus speaks of a longing to become united with immortal beauty, while the Symposium leads us unconsciously to the idea that love is also a quest for beauty (Vyvyan, 1961). In the Symposium, Plato revealed:

> And this is the way, the only way, he must approach, or be led towards, the sanctuary of love: starting from individual beauties, the quest of the universal beauty must find him ever mounting the heavenly ladder, stepping from rung to rung, that is, from one to two, and from two to every lovely body; from bodily beauty to the beauty of institutions; from institutions to learning, and from learning in general to the special lore that pertains to nothing but the beautiful itself: until at last he comes to know what beauty is (p. 17).

Kant, Schelling, and Hegel utilized the concept of the beautiful as a cornice for their respective philosophical edifices (Puffer, 1906). It was Kant who spoke the first "rational" word concerning beauty (Bungay, 1984). Puffer (1906) posited that the two important factors of Kant's aesthetics are its reconciliation of the "purposiveness" of beauty to the cognitive faculty. Kant felt that beauty was "the realization of freedom."

Schelling concluded that beauty is the missing link which unites Nature and the Self--or the Absolute Idealism (Puffer, 1906). In brief, beauty is the pivot on which our universe turns. Beauty for Schelling was a scheme or form, encompassing balance, equilibrium, and reconciliation; it was not a content (Puffer, 1906; Bungay, 1988).

Hegel's philosophy of beauty was not based on the world, but on thought. In his Aesthetics, he defined beauty as the expression of the Idea (Bungay, 1984). Hegel's Idea is the unity of concept and reality or the actual realization of something. Bungay (1984) notes that Hegel

regarded personal taste as purely subjective, and that Hegel felt that it is a blessing that it is so. Hegel wrote:

> For amongst human beings one observes that even though not every husband finds his wife beautiful, at least every bridegroom thinks his bride is, often to the exclusion of all others. And it is fortunate for both parties that it is so, and that subjective taste has no fixed rule for beauty (p. 190).

Perceptions of Attractiveness

Over the centuries, society has placed more pressure on women than men to maintain a youthful appearance (Baker, 1984; Ferrini & Ferrini, 1989). According to sociobiologist Edward Wilson, Charles Darwin wrote that the mission of attractiveness is to lure a mate, an idea which later became popularized (Green, 1989). Adams (1977) credits Erikson for noting that women often see their self-image as an important asset in attracting a future marital partner.

The widespread physical attractiveness stereotype that "what is beautiful is good" (Dion, Berscheid, & Walster, 1972) asserts that attractive individuals are seen as more poised, interesting, sociable, and charismatic. They have more positive life experiences and are given specialized treatment in countless social situations. In a separate study involving young and old participants, Johnson and Pittenger (1984) revealed that "attractive old people are perceived to possess more

socially desirable personality characteristics than are less attractive people" (p. 1). (emphasis added).

In contrast, Adams (1977) believes that there may be certain undesirable behaviors associated with attractive persons such as egotism and self-centeredness. Ensuing research infers that attractive women are viewed as being more vain, materialistic, and more likely to engage in extramarital affairs (Cash, 1984; Cunningham, 1986).

Along with physical appearance, an older woman's attractiveness is also based on perceived social appropriateness of behavior and similarity of attitudes (Webb, Delaney, & Young, 1989).

> It is important to note that expectations of socially appropriate behavior may differ with the age of the individuals involved. Behavior that is considered appropriate, even desirable, during an early life stage may be cause for negative reactions during a later life stage. (p. 113)

Henss (1991) suggests that there is indeed a "double standard of aging." His study shows a negative correlation between age and attractiveness in females. This correlation was exceedingly strong when the judges of the stimuli were male. The study supports the hypothesis that males' judgments of female attractiveness are closely linked with youth (Webb et al., 1989; Reis, Nezlek, & Wheeler, 1980).

Other studies imply that young people rate the attractiveness of older women lower than do other older adults (Johnson & Pittenger,

1984; Henss, 1991). The literature reveals that many individuals of all age groups are attracted to younger persons (Henss, 1991; Webb et al., 1989; Kaiser & Chandler, 1988). Old age is viewed as being incompatible with either attractiveness or happiness (Kaiser & Chandler, 1988), and it may be the reason why many older adults prefer to associate with middle-aged friends (Webb et al., 1989).

The physical attractiveness stereotype is also apparent in the perception of older women's cognitive capabilities (Erber & Rothberg, 1991; Reno, 1979; Puckett, Petty, Cacioppo & Fischer, 1983). Erber and Rothberg (1991) suggest that perception of memory failures of unattractive older women is often attributed to lack of ability, whereas failures of attractive subjects are attributed to simply a lack of attention. From their study, they conclude that older women are judged as having greater overall mental difficulty.

Reno (1979) cites several stereotypical examples of how older women are regarded by our society as being incompetent and unambitious. She postulates that lower expectancies for success exist for older adults than for younger adults. She states that "failure on the part of the old stimulus person was attributed more to stable causes of lack of ability and difficulty of the work, while failure on the part of the young stimulus person was attributed more to the unstable cause of lack

of effort" (p. 714). At the same time, attractive older adults may be treated fairly and taken seriously in contrast to the unattractive members of their cohort (Puckett et al., 1983).

A study conducted by Damrosch (1982) further exposes how women are plagued by the far-reaching physical attractiveness stereotype. Her analysis of 140 female graduating baccalaureate nursing students acknowledges evidence of the stereotype within the health professions. Damrosch keenly notes that when the results of the study were revealed to the nurses, they appeared to be "genuinely surprised" that they had displayed a bias of this nature.

The Role of Facial Beauty

Current research indicates that the most important appearance quality that has been shown to influence social perceptions and social interactions is facial attractiveness (Zebrowitz & Montepare, 1992; Webb et al., 1989; Henss, 1991; Cunningham, 1986; Synnott, 1990). A study conducted by Adams (1977) revealed that "facial attractiveness was not likely to undergo major evaluative changes" (p. 231). He concludes that the face exhibits more of a degree of continuity over the life span. In short, an attractive face is a relatively perpetual characteristic. The lasting effects of facial attractiveness were later confirmed in a study managed by Reis et al. (1980).

That which constitutes facial beauty is extremely controversial and subjective. Sociologist Anthony Synnott (1990) states: "The face is now a battlefield between contending groups asserting different values and interests" (p. 64). Studies infer that both neonate and mature features are positively correlated with attractiveness ratings (Cunningham, 1986; Zebrowitz & Montepare, 1992). Neonate features such as large eyes and a small nose and chin are aesthetically preferred, along with the mature features of prominent and narrow cheekbones.

Our society commonly recognizes the fact that many older women have difficulty dealing with the "aging face." Hepworth (1991) addresses the dilemma in terms of a mask of age. He describes the tension between the outward appearance of the face and the inner sense of reality:

> It has been argued that the concept of aging as a mask or disguise is a particularly appropriate image for giving expression to the widespread experience of a discrepancy between the aging of the body and the aging of the self. As such it is, of course, often a negative image. The inevitability of physical old age is usually portrayed as an essentially tragic and not infrequently cruel bodily betrayal of the youthful spirit. (p. 98)

Hepworth believes that women can turn the negative experience of the mask into a positive one by an internal consciousness of self-worth.

The Role of Cosmetics

The gainful beauty and personal care industry has long recognized that older women are a receptive audience to "new-fangled" merchandise and ideas. Cosmetics provide a way to manipulate the way we look and serve as an influential source of nonverbal communication (Graham & Jouhar, 1983). Synnott (1990) feels that cosmetics serve two principle functions: self-expression and self-creation. He infers that cosmetics are "role support," and that it not only changes our face but also our personality.

A study conducted by Graham and Jouhar (1983) indicates that normal daily use of cosmetics can fulfill essential psychological functions by promoting social and psychological well-being. The authors state that positive self-development "could be facilitated by intervention and encouraging people to use cosmetics (and generally to improve their appearance) because it can give readily visible positive effects" (p. 156).

Palmer (1982) points out that although older women can benefit from the use of cosmetics, they have to be extremely careful in not appearing to look overly "made up." She further states that the natural yellowing of the lens may affect color vision, which often leads to a heavy application. As a nurse, Palmer understands these visual changes and encourages older women to seek cosmetic assistance from image

consultants, color experts, and other nurses. "Self-esteem and pride in one's physical appearance have no age limit" (p. 342).

The beneficial effects of cosmetics on self-perceived psychological well-being were discussed in a study conducted by Graham and Kligman (1984). Sixteen elderly female participants were given cosmetic make-overs. Immediate results were perceived by the subjects. The women reported: "feeling happy to look at self; wanting to be seen; feeling like going out; looking well/healthy; and feeling glad to see people" (p. 142).

The degree by which physically attractive and unattractive older women might differ in the benefits from make-overs was also validated in this study. The physically unattractive women benefitted more than the attractive. According to the authors, this may be because "there is less room for improvement when the starting level is higher with respect to both appearance and psychological well-being" (p. 143).

The Role of Color

Early literature in the area of personal coloring and clothing color lends credence to the idea that physical attractiveness is indeed enhanced by the discriminating use of one's select group of colors (Munsell, 1936; Birren, 1937, 1963). It is well recognized by contemporary colorists that Albert Munsell is credited with bringing

standardization to the world of personal coloration with his succinct definitions of hue (color), value (light-dark), and chroma (bright-dull). In A Color Notation (1936), Munsell further distinguishes hue by its degree of warmth or coolness, and showed how various hues become harmonious if used in such a manner that their relationship heightens the attractiveness of each other. Current systems of color analysis, a process to help consumers with their clothing color selections (Abramov, 1985), are largely based on Munsell's theory.

Recent studies indicate that suitable clothing and cosmetic colors have the most significant effect upon perception of attractiveness (Francis & Evans, 1987; Radeloff, 1990). Their results support the relevance of personal color analysis systems.

Color is very emotional in that it has the power to create moods and even change an individual's temperament (Birren, 1963). Kaiser (1984) infers that color affects human behavior and that human beings respond physiologically to color. Warm colors are more stimulating, arousing, and overpowering, while cool colors are sedating and dispassionate (Wilson, 1966; Birren, 1963).

Preference for certain colors often increases with age (Radeloff, 1990). Several studies show that blue is the preferred color of older women (Birren, 1963; Richards, 1981; Radeloff, 1990; Richardson, 1975).

Dark values such as black and other achromatic colors are also widely adopted (Richards, 1981), as are solid colors (Richardson, 1975).

The Role of Body Image

Body image is likely to undergo perceived evaluative changes across the female life span (Adams, 1977). Esberger (1978) describes the phenomenon of body image as "the total of perceptions regarding one's own body and its performance" (p. 35). She posits that culture, one's role in life, and close loved ones are the important factors which influence these perceptions. In brief, an older woman will be responsive to the ideas and feedback elicited from these outside sources and will incorporate them into her own concept of body image.

Healthy older women are conscious of their body image well into their later years (Ross, Tait, Grossberg, Handal, Brandeberry, & Nakra, 1988). In a personal attractiveness study administered by Frazier (1975), all of the older women had noticed one or more body changes. The most notably cited changes were "thicker waists, prominent abdomens, lower busts, and larger hips" (p. 29). According to Frazier's study, the change that generally went unnoticed was the presence of poor posture.

Body image embraces the principles of both reality and ideality (Esberger, 1978). Older women may avoid awareness of body changes until confronted with the reality of a photograph, videotape, or

mirror (Baker, 1984; Esberger, 1978; Ross et al., 1988). These changes are frequently so alarming that they create vehement emotional reactions. Feelings of denial, shame, rage, and grief may follow (Chopra, 1993; Esberger, 1978). This turmoil has to be addressed in a realistic yet delicate manner.

The Role of Clothing

The acquisition of attractive and comfortable clothing is a troubling task for many older women. In our society, clothing is essential to one's self-image and reveals an individual's imagination, style, and role in life (Morton, 1964; Kaiser & Chandler, 1988; Smathers & Horridge, 1979; Richards, 1981). Smathers and Horridge assert that clothing is vital to the social and psychological well-being of older women. "Clothing is important to one's self-concept and hence affects social participation. At a time in life when relationships are jeopardized, clothing should not be overlooked" (p. 273).

Many of today's older women strive to create a wardrobe that balances style with the reality of older bodies. Well chosen contemporary clothing helps to dispel the negative and outmoded myths of old age (Kaiser & Chandler, 1988). Several studies indicate that women eagerly await the day when clothing manufacturers begin to produce stylish fashions that incorporate sensible design features

(Richards, 1981; Kaiser & Chandler, 1988; Smathers & Horridge, 1979; Richardson, 1975). Preferred silhouettes include waistless clothing styles such as A-line, chemise, and princess (Richards, 1981; Richardson, 1975; Frazier, 1975).

While Kaiser and Chandler (1988) proclaim the need for balanced portrayals of older women, they cite several difficulties in the practical application of their philosophy. Their study involving 55 older women reveals that the subjects renounce clothing styles that are too avant-garde, nonconforming, or "geriactivistic." The authors point out that exaggerated clothing styles in any direction "may be subject to audience rejection or cynicism" (p. 699).

Smathers and Horridge (1979) postulate that older women resent having to sacrifice style for fit. Locating attractive ready-to-wear clothing is practically impossible (Bratcher, 1975; Richards, 1981; Frazier, 1975; Smathers & Horridge, 1979; Richardson, 1975). Contemporary fashions do not provide for body changes such as a decrease in height, rounded shoulders, and increased trunk girth (Smathers & Horridge, 1979). Richards (1981) states that in her study of 83 older women:

> 92% of the respondents noted at least one garment area that caused fitting problems with ready-made clothing. Only seven persons stated that ready-made dresses usually fit correctly in all body areas. The most frequent complaints of inaccurate fit

> concerned excessive garment length in the shoulder, skirt, sleeve, and bodice. (p. 265)

Garment alterations are viewed by many clothing researchers as an unavoidable necessity. In a study conducted by Bratcher (1975), 59% of the older female participants required alterations. Another study administered by Smathers and Horridge (1979) showed comparable results. Richards (1981) suggests that there is a clearly defined need for clothing in a special size category correlated to the body proportions of older women.

Personal Image Therapy

The therapeutic benefits of a personal image program are beginning to be appreciated more fully (Graham & Jouhar, 1983). While unquestionably not a cure for the aging process, Morton (1964) theorizes that an understanding of the importance of self-image "may be a contributing factor along with more fundamental treatment" (p. 6). Graham and Jouhar (1983) outline the benefits of improving one's appearance when recovering from mental and physical illnesses or surgery. They postulate that attention to appearance may actually aid in the "adjustment to illness" (p. 156).

In a later study, Graham and Kligman (1984) conclude that personal image make-overs have a serviceable place in therapeutic

programs to ameliorate the psychosocial well-being of elderly and hospitalized persons.

> In post-surgical cases there is almost always a need for a psychological boost, for a little extra care to speed along the recovery. For the mentally ill, who often tend to neglect their appearance, there is evidence that appearance can influence the kind of help and attention they receive. (p. 144)

The results of their study show that teaching or training is a more effective method of learning for older women than shorter passive sessions. "The improvement in outlook was greater for the training groups" (p. 142).

Health care workers have long recognized that personal image is one of the clues to mental health. A pilot study entitled "Glamour Treatment for the Mentally Ill" was carried out by the Fashion Group in the early sixties at the Napa State Hospital in California. Female patients were treated by professional fashion consultants, make-up artists, hair stylists, and dress designers. After a few sessions, the consultants noticed that the patients began to improve, re-establishing relationships with family and friends (Morton, 1964).

At the Utah State University Clothing Symposium (1964), Virginia Eyestone, who was a keynote speaker, surveyed 236 mental hospitals throughout the United States and found that 60% were using similar fashion therapy (a term later coined by the Fashion Group). The type of

fashion therapy used in most hospitals was weekly classes, extending from 6 to 8 weeks. Curriculum included such areas as health, personal hygiene, wardrobe, make-up, color harmony, and hair care. Eyestone's study produced findings that agreed with results generated at the Napa State Hospital.

More recently, the On Lok Senior Health Services in San Francisco, a program that offers a wide range of health-related and social services to the elderly, focuses on restoring and maintaining pride in one's appearance through activities of daily living (Merchant, 1979). In helping to prevent long-term institutionalization, On Lok works to give older adults a richer and healthier life within the community. Merchant (1979) recognizes that this socially-oriented day center is unique because it empowers older adults with a greater sense of self-worth. She feels that the services have bolstered the morale of the older population: "the intangible benefits which come from the participant's feelings of acceptance" (p. 7).

In order to enable the elderly to become a vital, functioning part of society, we must possess an empathic attitude towards their needs (Elkowitz, 1979). Esberger (1978) contends that individuals working with older women must show "patience during the time of adjustment--which

may become continual as the aging process progresses" (p. 37). She also notes that it is imperative for the aging person to express her thoughts regarding the various physical and psychosocial changes taking place.

Senior centers and similar social service centers can be salubrious in that they allow older adults the opportunity to witness, both by observation and communication, how other individuals cope with the issues of aging (Elkowitz, 1979). According to Gelfand (1988), recreation-education is the central theme of a senior center. "It is this that sets it apart from other service delivery agencies in the community and builds the center as a neighborhood focal point for seniors" (p. 155). One can readily conceive such an environment becoming the ideal milieu for personal image therapy.

Chapter 3

TOTAL IMAGE

Background and Development

"Total Image" has been developed through the East Side Union High School District Older Adult Program. The East Side Older Adult Program is a fully accredited educational division that administers an array of instructional workshops and programs. Although older adults have myriad interests within a broad span of areas, the program does try to set certain parameters by prioritizing the needs of the local senior population. Instructors are encouraged to present classes that reflect current economic, cultural, and political trends. Older adults are afforded the opportunity to enhance their learning and acquire new skills in such areas as foreign language, health, art, business, and personal development.

The 1990's brought many changes to the Older Adult Program. Specifically, the older female population within the district began to request instructional programs in specialized areas. They wanted not only an educational program, but a therapeutic program to assist older women in transition. This transition may include retirement, a career change, or a personal crisis such as divorce, cancer recovery, or depression.

The "Total Image" program began in September, 1990, as a 6-week session. It attempted to pinpoint the salient areas of concern for aging women, as well as how their personal image needs have changed across the life span. Due to the overwhelming success of the first session, within one year the series evolved into a complete 18-week program.

"Total Image" is primarily funded by the State of California based on an Average Daily Attendance (ADA). The program receives a dollar amount for each hour a student attends class. The series of classes are held at senior centers within the district. These senior centers, however, are funded by the City of San Jose. The centers receive additional monies from the city for each class they hold.

The "Total Image" program is free, except for a materials fee of $3.00 due upon registration. The enrollment process for the older adults is simple. A short form is required to be filled out at the first session of class. The sole prerequisite of the program is that a student be 55 or older. One need not live within the district; even out of state students are welcome.

The 18-week program is offered twice per calendar school year, first in September and again in February. It is publicized in the district's schedule of classes which is mailed to all local residences and many businesses. The selected senior center also helps with advertising by distributing flyers and

mailers. To accommodate the various publicity arrangements, the printed description of the program may vary. One write-up reads as follows:

> TOTAL IMAGE: A program specifically tailored towards helping mature women discover the answers to questions and concerns about personal image and women's health issues. Learn to project confidence and positive self-worth. Topics include physical well-being, self-esteem, wardrobe enhancement, and personal care.

Participants in "Total Image" meet once per week for 2 1/2 hours. No grades are given; however, certificates of completion are awarded upon conclusion of the series. Older adults especially appreciate receiving the certificates. Besides the individual benefits of the program, they look forward to redeeming a tangible evidence of recognition.

Senior centers within the district are generally used for the program because of their accessibility and location. They are easily reached by public transportation and many seniors are already familiar with the site. For some older women, however, this program may be their first contact with any senior facility. These women commonly furnish their own transportation. Senior centers provide a peaceful and relaxed atmosphere. In this setting, participants can enjoy programs without the pressure associated with the classroom.

Objectives and Benefits

The goal of the "Total Image" program is to enable older women to build a comprehensive personal image and healthy aging directive that will encourage and maintain a sense of high self-esteem and well-being. The program is both therapeutic and educational; it is not a "make-over." No sales or endorsements of special products enter the picture. It is critical that the participants understand that all information is given within the allotted 2 1/2 hour period; private pay consultations are strictly discouraged.

The program empowers older women with the ability to fully recognize that genuine beauty is in their "existence," and that although surface beauty may not be a lasting asset, high self-esteem can remain constant throughout a lifetime. At this point in their lives, women often need gentle support and inspiration to help them move forward in their quest for self-realization. They need to project themselves as confident, credible, and concerned individuals.

The benefits of such a program are plentiful. Among them are:

1. SELF-ENHANCEMENT BENEFITS

   Increases confidence and self-esteem

   Encourages a total commitment to health and well-being

   Helps build and maintain a positive attitude

2. CAREER POTENTIAL BENEFITS

Helps in performance at work or in a volunteer situation

Provides a foundation in which to pursue further training

Explores career opportunities

3. CONSUMER ENLIGHTENMENT BENEFITS

Improves ability to purchase effective personal care items

Helps to reduce shopping stress and uncertainty

Opportunity to learn more about senior centers and other aging agencies

Expands horizons and opens up new avenues for growth

4. COMMUNITY INVOLVEMENT BENEFITS

Better able to serve others within the community

Community becomes stronger and more vital

Curriculum

"Total Image" covers four general areas of concentration: physical well-being, self-esteem, wardrobe enhancement, and personal care. An overview of the program is listed below.

LESSON PLAN

Week 1: Specific techniques to improve one's self-esteem, thereby raising energy level and health strategy, will be addressed. Self-esteem index (SEI) will also be discussed.

Week 2: An introduction to the universal language of color, with an overview of basic color principles and definitions. Color communication and symbolism will also be examined.

Week 3: An explanation of the various age-related changes in color patterns will be emphasized along with highly regarded color theories.

Week 4: Relaxation methods and stress management techniques will be the focus. An overview of specific activities related to stress reduction will be employed.

Week 5: Body myths and measurements, proportion, and the silhouettes of dress will be discussed.

Week 6: Wardrobe updating--expanding one's current wardrobe through alterations and accessories. Wardrobe budgeting and bargain shopping will also be covered; emphasis on local senior shopping tours available.

Week 7: The 7 style types of dress for the mature woman will be covered. Students will participate in a discussion analyzing one's own style. Lecture and demonstration on capsule dressing and closet organization.

Week 8: Fabrics and textures will be discussed; fabric care for various natural and synthetic fibers.

Week 9: An introduction to essential nutrients and energy requirements for older women. The relation of nutrition to selected chronic illnesses will also be examined.

Week 10: Heart healthy diets and low-fat food for lowering one's cholesterol will be discussed; also, nutrient and drug interactions.

Week 11: Various exercise plans and physical activity options will be covered. Strategies to motivate older women to participate in exercise programs will also be addressed.

Week 12: Spirituality and holistic healing will be the focus. Developing skills and methods to improve communication and relationships will also be employed.

Week 13: Hair maintenance for the older woman--individual analysis on facial shapes and hairstyles will be covered.

Week 14: A no-nonsense skin care routine will be outlined plus a look at some popular cosmetic myths.

Week 15: Various make-up techniques for the "mature face" will be explored along with suggestions on how to achieve a practical yet flattering look.

Week 16: Travel tips and packing the perfect suitcase; focus on protecting valuables and selecting suitcases and travel organizers. Information for women traveling alone will be addressed.

Week 17: Exploring the skills necessary for a better self-image and assessing abilities which have been developed over a lifetime of experience will be discussed. Also, how to use one's talents and skills to enrich the lives of others.

Week 18: Goal setting and attitude modifications for older women in the 90's will be covered.

At the beginning of the program, participants are given a closed-ended assessment questionnaire (Appendix A) to determine goals and attitudes regarding personal image and the aging process. This assessment helps to ascertain the critical areas of importance regarding the image needs of each group of participants. This, in turn, allows the instructor to focus on certain fields of learning over others. Student participation is voluntary and confidentiality is scrupulously maintained.

Primary teaching methods include oral presentations, individual consultations, small group activities, demonstrations, and visual aids. Guest lecturers add interest and variety to the program, as do the students themselves. Older women impart a lifetime of knowledge, skills, and ideas into any educational framework. They have a great deal to share, and their wisdom should always be recognized by the instructor.

Each participant in the "Total Image" program receives two types of instructional materials. The first type is a general set of pre-printed handouts

which are used primarily for the health-related sessions of the program such as those on nutrition, disease prevention, and self-esteem (Appendices B and C). The second type is specifically focused on personal advice and information, and certain class sessions are structured to allow for the instructor to work on an individual basis with each student.

Upon conclusion of the 18-week program, participants can assemble their distinct information and notes into a personally tailored guidebook for future reference. A guidebook of this nature can be particularly helpful to those older women who might have difficulty in recalling the individual oral consultations.

Case Study

Dorothy, 63, retired from the California State Board of Equalization one year ago after serving as a senior auditor for 31 years. She and her husband have spent the past year traveling and playing golf throughout parts of the United States. Dorothy had heard about "Total Image" from her neighbor and decided to enroll in the program to update her appearance and learn more about the female aging process. Her goal was to go through the 18-week program and, afterwards, seek part-time employment working with seniors. She wanted to soften her "civil service image" and begin anew, but without spending a fortune.

Dorothy's "Total Image" guidebook is tailored to broaden her outlook, in contrast to the perhaps very focused approach she would previously have taken, because of the confines of her employment and the objectives of the civil service. The guidebook, structured to accommodate her current lifestyle, is presented below.

STYLE TYPE

Natural/Classic

CHARACTERISTICS:

A relaxed and casual appearance

Conservative, refined, and well-groomed

Confident and traditional look

Imparts a feeling of credibility and maturity

CLOTHING STYLE

A conventional and reserved look

Tailored clothing with soft, direct, and simple lines

Avoids extremes in style, texture, and color

Will not take up a fashion trend until it is well-developed

Comfortable clothing with easy care

Accent on sports clothing

Functional clothing that is loosely structured

PROPORTION

HEIGHT:	5'4"
HIGH BUST:	40"
BUST:	44"
WAIST:	35"
HIGH HIP:	45"
HIP:	46"
LOW HIP:	48"
THIGH:	23"
CALF:	16"
INSEAM:	27 1/2"
BACK-TO-WAIST:	17"
UPPER ARM:	14"
SLEEVE:	20"

SIZING CATEGORY

Women's (Larger Sized Clothes)

Hips somewhat fuller than bust

Medium to wide shoulders

Waist proportionately larger than MISSES category

Size 16W-1X

9-Piece Capsule

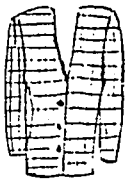
#1 Navy Wool Skirt

#2 Camel Wool Skirt

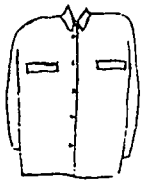
#3 Navy Wool Pants

#4 Camel Wool Pants

#5 Navy Wool Jacket

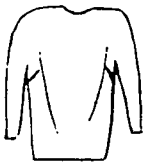


#6 Plaid Wool Jacket -- Navy, Camel & Ivory



#7 Ivory Silk Shirt

#8 Ivory Silk Blouse



#9 Navy Silk Top

COLORS -- NAVY, CAMEL, & IVORY
FABRICS -- WOOL & WASHABLE SILK
CATEGORY -- POLISHED CASUAL

22 WARDROBE COMBINATIONS:

5 + 7 + 2
5 + 8 + 4
5 + 8 + 3
5 + 9 + 1
5 + 7 + 1
5 + 9 + 3
6 + 7 + 2

5 + 7 + 4
5 + 8 + 1
2 + 7
1 + 8
1 + 9
4 + 8
6 + 9 + 3
6 + 8 + 4

3 + 7
2 + 8
6 + 8 + 3
6 + 7 + 1
6 + 9 + 2
6 + 7 + 4
6 + 8 + 1

WARDROBE PLANNING

There are four parts to a Basic Wardrobe.

CASUAL CLOTHES:	SWEATS; SHORTS; DESIGNER JOGGING OUTFITS; DENIM
POLISHED CASUAL:	CASUAL DRESSES; NICE PANTS; BLAZERS WITH PANTS or SKIRTS; BLOUSES; SKIRTS and SWEATERS
DAYTIME DRESSY:	FINE DRESSES; SUITS; FINE PANTSUITS and JUMPSUITS
EVENING ATTIRE:	DRESSES, PANTSUITS, SUITS, or JUMPSUITS in dressy or evening fabrics. EXAMPLE: Satin; Lame; Crepe; Metallic; Brocade

The way you divide your wardrobe must correspond to the busiest area of your life. Currently, your areas of concentration should be primarily CASUAL CLOTHES and POLISHED CASUAL. A 9 piece capsule would work well for your POLISHED CASUAL wardrobe.

Your DAYTIME DRESSY and EVENING ATTIRE categories are more than adequate at this time. Avoid purchases in these two areas.

PROPORTION

Pear or triangular body type.

GOAL: Minimize below by maximizing above.

DRESSES: Choose styles that are gently structured and with interest at center front and shoulderline.

Look for vertical lines with soft tailoring and simple shapes.

Use accessories to draw attention to the upper body: interesting trim, buttons, belt, scarf, earrings, etc.

Chemise, princess, and monochromatic natural waisted styles are best.

SKIRTS: Select narrow skirts with ease thru hips, waist, and tummy--below the knee length.

Wrap skirts add slim vertical emphasis.

High waist detail also helps to create a longer line.

Avoid clingy fabrics and eye-catching prints below the waist.

Dark colors below the waist visually slim the hipline.

TOPS: Choose tops that help draw attention to the upper body.

Blouson styles, cowls, and bright colors are best.

Avoid dolman and raglan sleeve, and drop shoulder seams.

Select standard or average collar lengths.

PANTS: Focus on pants with a relaxed easy fit.

Two-pleat or flat front with moderate to narrow leg works well.

Avoid pants with elastic waist, unless worn with an overtop.

Also avoid wearing a dark top with light colored pants.

JACKETS: Select jackets with softly padded shoulders and shoulder detail (epaulets, wide collars, trim).

Choose a jacket that ends above or below the widest point of your hips.

Slash pockets are more slenderizing below the waist than horizontal or patch pockets.

The longer mid-thigh jackets also help to create a straighter line.

Average lapels are best.

FABRICS

COLOR: Clear colors, warm and crisp.

Yellow based; never muted and not too dark.

Avoid powdered and icy tones.

Medium to dark values and low intensities.

Avoid brilliant hues and very light values.

TEXTURE: Fine to medium textures.

No heavy textures.

Smooth fabrics with a matte finish.

Fabrics with enough body to drape and hang well.

Avoid crisp, stiff, or bulky fabrics and transparent and limp fabrics.

Avoid glittery or shiny textures.

Choose from wool, cotton, jersey, knits, raw silk, matte silk, and brocade.

PATTERN SIZE: Small to medium plaids and prints.

Avoid extremely tiny patterns.

Scaled down prints and florals--small to average spacing (in density).

Narrow striping, within a range of 1/4 - 1/2 inches.

Center front emphasis.

Avoid horizontal contrasting bands on dress or jacket.

Small to medium-scale details such as buttons, trim, and belts.

ACCESSORIES

JEWELRY: Select subtle, tailored pieces to complement your NATURAL/CLASSIC style type.

Medium to medium-large in size.

Choose from gold-tone, 14 kt. gold, copper, bronze, and two-tone (gold and silver mix).

Select ivory or beige colored pearls.

BELTS: Narrow to medium width.

Try to use self or matching belts, if possible.

Avoid wearing a belt in a contrasting or bright color, as it will have a shortening effect.

If possible, try matching your belt to the color worn above the waist. This will elongate your line.

SCARVES: Look for small to medium patterns and scaled-down prints.

Choose scarves that are not too large or bulky.

Select colors from the ultra warm (Autumn) harmony.

Avoid scarf bows or pleated knots worn at the neck.

Scarves tied in a loose fashion will lengthen your look--oblong scarves are best.

GLASSES: Neutral colors are best (refer to neutral chart).

Metal frames in gold, copper, bronze, or two-tone (gold and silver mix).

Lens may be tinted in golden beige, peach, beige, or soft khaki.

Frame size must be scaled to your features. Choose medium sized frames.

Avoid extreme materials, shapes, and trim with your glasses.

SHOES: Refer to neutral chart to indicate your basic shoe and handbag colors.

Wear simple shoes with few details.

May wear classic pumps, sling back, or cross strap.

Small to medium heels.

Wear skin-tone to darker hosiery.

Wear shoes that are the same value or darker than your hemline. Blend, match, or harmonize.

HANDBAGS: Handbags must be in proportion to your size, height, and weight.

Carry medium to medium-large sized handbags.

Avoid very tiny or oversized handbags.

Handbags should be the same color and value as your shoes or lighter, never darker.

COLOR PATTERNS

HUE PATTERN

SKIN:	Golden Ivory		
HAIR:	Golden Brown	=	CLOSELY RELATED
EYES:	Hazel		

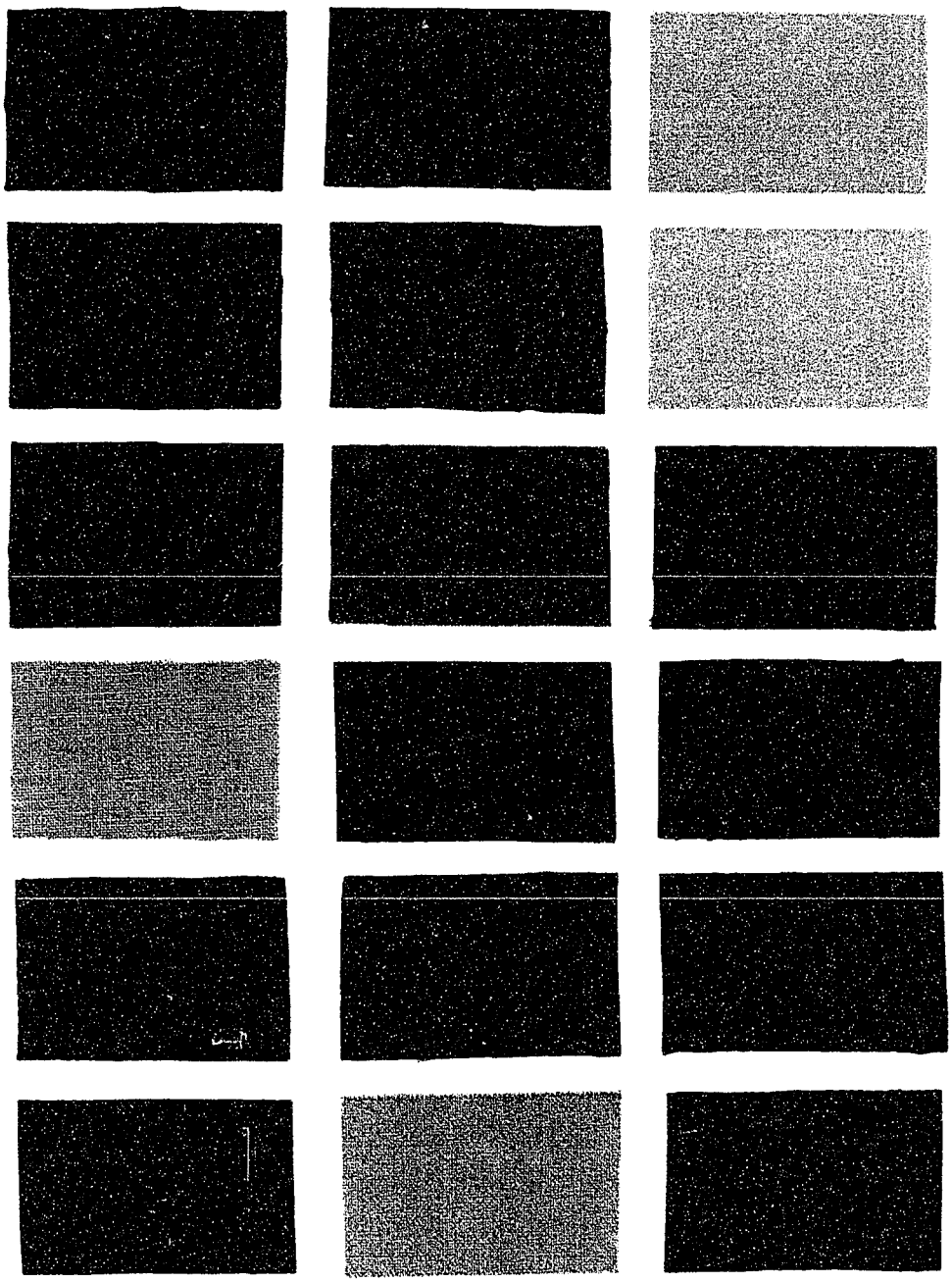
VALUE PATTERN

SKIN:	Light		
HAIR:	Dark	=	CONTRASTING
EYES:	Medium-Dark		

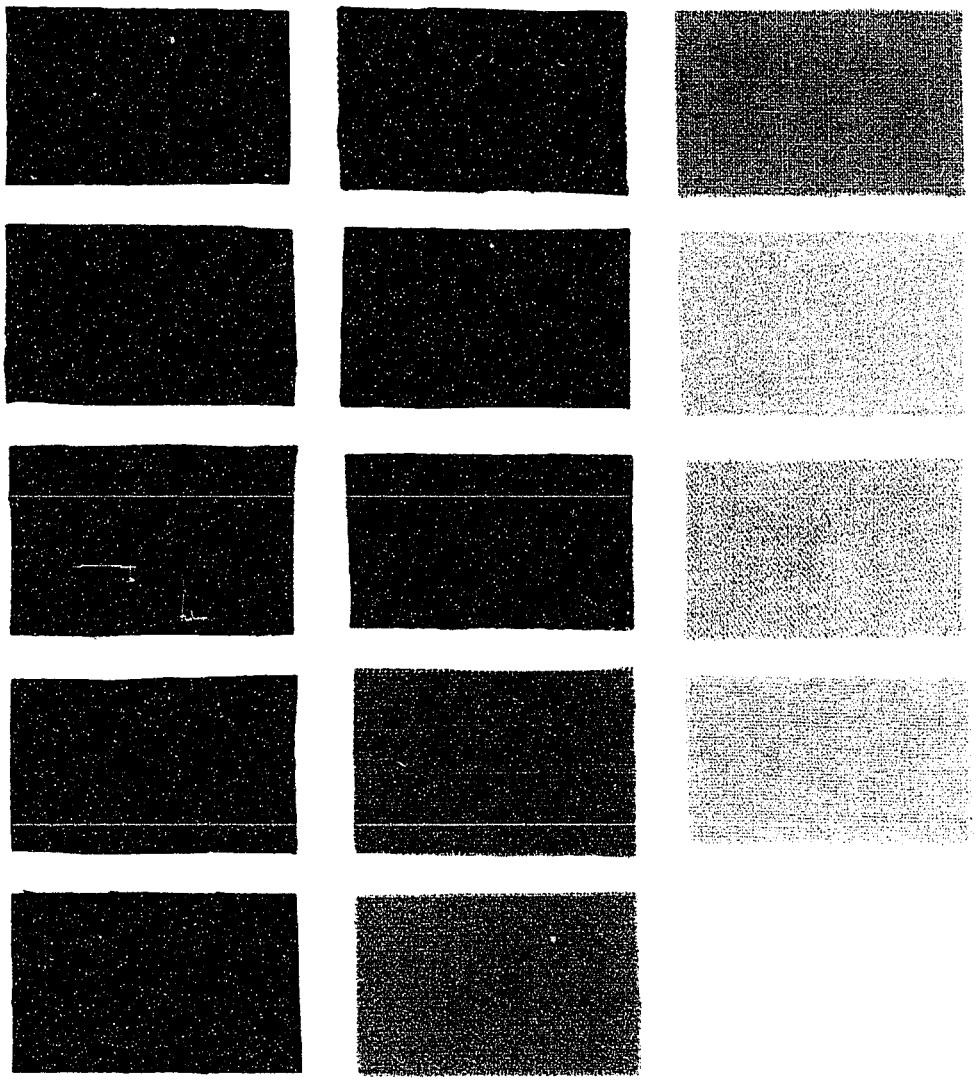
INTENSITY PATTERN

SKIN:	Vivid		
HAIR:	Vivid	=	OVERAL VIVID
EYES:	Subdued		

COLOR CHART



NEUTRAL CHART



MAKE-UP

POWDER:	Translucent Warm
BLUSH:	Teaberry
BROW:	Smoke
EYELINER:	Khaki; Moss
MASCARA:	Brown
EYESHADOW:	LID: Golden Beige; Peach Beige
	CREASE: Golden Brown; Moss
CONCEALER:	Light
LIP PENCIL:	Sienna; Terra Rosa
LIPSTICK:	Brick Red; Coral Rose; Bronzed Ginger
SKIN TYPE:	Normal to Dry
A.M. ROUTINE:	Facial soap and water for dry skin
	Toner (normal to dry)
	Extra protection moisturizer
P.M. ROUTINE:	Deep cleanser
	Facial soap and water for dry skin
	Toner (normal to dry)
	Extra protection moisturizer
	Eye cream
WEEKLY:	Facial scrub once per week.

EXERCISE PLAN

Regular aerobic exercise may help reduce the risk of blood vessel and heart disease. It may also prevent osteoporosis by slowing bone mineral loss.

Participate in low-impact aerobic classes for at least 30 minutes, three times per week, with appropriate 5-minute warm-ups and cool-down periods. Classes are offered to older women at the senior center on Monday-Wednesday-Friday mornings at 9:00 a.m.

A brisk 20 minute walk, two to three times a week, would also be beneficial.

Try to keep heart rate at 70-85% of maximal.

Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

"Total Image" continues to grow and expand, attracting a culturally diverse group of older women in the community (e.g., African-American, Latina, Asian, Middle-Eastern). The increased enrollment year after year testifies to the interest in the program. The enthusiastic response of past participants has been extremely encouraging.

The educational atmosphere provided is conducive to communication and gently nurtures the message that one's total image is a significant key to healthy aging. The 18-week journey brings women together to acknowledge and honor the feminine countenance of our existence. This journey--from outward to inward--is a quest for wholeness and inner effulgence. Full expression of the human spirit is achieved.

To determine the value and effect of the program, an open-ended evaluation (Appendix D) is distributed during the last week. The scope of the evaluation is limited because the data collected may reflect the opinion of a relatively healthy and socially active elderly female population. It is therefore not possible to prove a definite correlation between personal image and healthy aging. Also, due to the length of the program, participants' emotional reaction to the instructor may color the outcome of the evaluations.

With these limitations in mind, the following five personal accounts are offered for the purpose of demonstrating the original thesis of this paper that total image is a key to healthy aging in older women.

Anna, 64, is recently widowed and faces her retirement years alone. She enrolled in "Total Image" to reduce stress, gain self-confidence, and learn about women's health issues. Anna was able to develop new friendships with two other widows in the program.

Anna's comments are as follows:

> I taught the lower grades for 28 years, until I was 59. Instead of enjoying my 'golden years,' I ended up taking care of my late husband for 5 years. He died of emphysema 9 months ago. My stress level was on overload, and my self-confidence had practically vanished. After this ordeal, I found that I had very few friends left.
>
> The Total Image course was of great value to me. In less than 4 months I raised my score on the Self-Esteem Index. I'm also eating better and trying to exercise a bit now. I wish this had been available to me 10 years ago!

Helen, 71, has been a widow for the past 26 years and is recovering from chemotherapy. She was interested in every facet of the program--in particular, the sections on wardrobe, hairstyles, and make-up. Her goal is to eventually feel better about her new appearance and return to work at her son's business.

Helen explains:

> This [program] has been a tremendous help to me. I learned to dress my new figure type, and I am enjoying my new make-up colors--much

> softer for my older years. I am grateful to the instructor for giving me so much of her time--giving me wonderful advice on wigs. Even though I already knew a lot about breast cancer, I did learn a lot about heart disease and osteoporosis. That was helpful. I would recommend this [program] to every woman, healthy or not.

Rose, 57, is a homemaker and lives with her husband of 38 years. For the past few years, she had been very unhappy about what she saw in the mirror--the telltale signs of age plus a 20 pound weight gain. Rose was always proud of her good looks and enrolled in the program to learn what she could do to brighten and update her image.

Rose's evaluations are as follows:

> I am inspired! Tina has made me realize that I don't have to grow old gracefully. It has been difficult with my recent weight gain to find clothes that hide my extra bulges. One of the things I learned is how to make the most out of my proportions by choosing styles that minimize my hips and maximize my legs and bustline. My husband and friends have already noticed a change in my outlook on life. I'm thrilled with my new image!

Betty, 78, is separated from her second husband and continues to suffer from severe depression. She enrolled in the program simply to accompany her very good friend. Betty dropped out after four sessions. She has since undergone psychiatric counseling and plans to re-enroll at a later date. In a letter to the instructor, Betty states:

> Although the program seems like it would be good for me and make me get out a bit, I don't think it will help to make me happier right now or bring my husband home. Ida loves it and will keep coming. I'll try again next year.

Dorothy, previously discussed in the Case Study, is now volunteering 25 hours per week at a local senior agency. Her enthusiasm for the "Total Image" program is very positive.

Dorothy writes:

> It would be unfair to comment just on the extrinsic benefits of Total Image. It goes beyond that. In the past, I have sought the help of personal shoppers, hair stylists, cosmetologists, etc. but, quite honestly, this program is altogether different. The former focused on what was wrong with me (and according to them, everything was). The bottom line was always the same: 'Spend more money!' This program concentrated on what I've done right with myself. We did not receive lectures; we received inspiration, and in a most loving way.

Recommendations for further studies include the following:

1. Investigate changes in clothing preferences and behavior.
2. Conduct a study of a new apparel category fitted exclusively for aging body types.
3. Investigate how community colleges and adult education programs can best serve older women in the community.
4. Design the foundation for a course based upon the spiritual quest of older women--feminine utopias.

Commentary

It may be said that aging charts the relentless progress of the biological time clock for an individual. The latter phase of life includes a plethora of changes and role transitions which gradually evolve into new life situations.

Preparing for these changes can help older women cope with the realities of the aging process and manage life more effectively. Aging need not be synonymous with despair and loss of self-esteem.

Personal image and inner radiance are interrelated. Older women must take time to reflect upon the past and begin to construct meaning for their future by interweaving the powers of the body, spirit, and mind--our intuitive energy.

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APPENDICES

APPENDIX A

ASSESSMENT QUESTIONNAIRE

Appendix A

ASSESSMENT QUESTIONNAIRE

I am taking this class to: (check as many as are appropriate)

_____ improve my appearance
_____ learn more about the aging process
_____ receive expert advice on particular problem areas
_____ look younger
_____ develop a realistic idea of my image, both internally and externally
_____ update my appearance
_____ achieve a unique look by studying wardrobe, color, hair, nutrition, self-esteem, and make-up

Areas that I would like to focus on include: (check as many as are appropriate)

_____ women's health issues
_____ color impact and harmony
_____ personal color analysis
_____ wardrobe planning and closet inventory
_____ accessories
_____ style types
_____ fabrics and textures
_____ proportion and body types
_____ self-esteem
_____ hair
_____ skin care
_____ make-up
_____ diet and exercise
_____ physical well-being
_____ stress management

Check one answer only for each of the following questions:

Do you feel that there is a relationship between personal image and healthy aging in older women?

_____ Yes _____ Somewhat _____ No

Are you more comfortable enrolling in a personal image class that is specifically tailored to older women?

_____ Yes _____ Somewhat _____ No

I believe that a healthy, youthful appearance is:

_____ more important to women than to men
_____ more important to men than to women
_____ equally important to both sexes
_____ not important to either

Older women have different personal image needs and concerns than younger women.

_____ Yes _____ Somewhat _____ No

I have trouble with the fit and sizing of ready-to-wear clothing

_____ Yes _____ Somewhat _____ No

Shopping for clothes and personal care products is:

_____ generally a pleasant experience
_____ an unpleasant experience
_____ becoming increasingly more difficult

I have experienced greater difficulty recently in discerning certain colors.

_____ Yes _____ Somewhat _____ No

I am satisfied with the image that I convey to others.

_____ Yes _____ Somewhat _____ No

Appendix B

HANDOUTS

Apppendix B

Handouts

WOMEN and AGING QUIZ

Please mark the statement "T" for true or "F" for false.

_____ 1. The majority of older women rate their physical health as poor or fair.

_____ 2. Older women suffer more chronic and acute illnesses than older men.

_____ 3. Women age at exactly the same rate.

_____ 4. Women and men have about an equal chance of developing osteoporosis.

_____ 5. Poor posture is an inevitable aspect of aging.

_____ 6. Mild depression is a common mental health problem among older women.

_____ 7. Women can raise their self-esteem at any age.

_____ 8. A woman's physical strength is apt to decline in old age.

_____ 9. About one-fourth of older women are living in long-term care facilities.

_____ 10. Women can expect to live ten years longer than men.

_____ 11. Heredity, environment, and lifestyle are the three main factors which affect health.

_____ 12. A significant number of older women live in poverty.

_____ 13. Older women are more bothered by health symptoms than older men.

_____ 14. Older women need more vitamins and minerals than younger women.

_____ 15. Aging is a lifelong process.

SELF-ESTEEM

Self-esteem comes from self-knowledge, self-appreciation, and self-love. It increases our ability to love others.

Factors which may contribute to low self-esteem:

1. One's heritage--Parents, siblings, culture.

2. Unrealistic expectations by others or peer pressure--The idea that we somehow have to measure up and do all things perfectly; the quest to be "Superwoman."

3. Personal relationships--Spouse, children, grandchildren, friends, and co-workers.

4. Negative experiences--Focusing on too many negative forces over which we have little or no control over (sometimes to the point of obsession).

STRESS MANAGEMENT

In his book entitled Stress Among Older Adults, James B. Humphrey outlines some general principles of living to help alleviate stressful conditions.

1. Principle health practices such as proper nutrition, exercise, and sleep should be carefully followed.

2. There should be sufficient time to "unwind" and evaluate one's daily activities at day's end.

3. Learn to believe in yourself and recognize your accomplishments.

4. Take one day at a time; learn to budget your time.

5. Relax and try to take things less seriously. Enjoy life!

6. Learn to do things for others; volunteer to help another person in need.

7. Discuss ideas, problems, and concerns with friends or family members. Try to keep conversations on a high note; think positive thoughts!

8. Do not mistake stress for challenge. While stress can weigh us down, challenge motivates us and promotes physical and mental well-being.

Reduce stress through:

* Exercise
* Relaxation Techniques
* Meditation
* Biofeedback
* Behavior modification

IMPROVING RELATIONSHIPS

Beginning new relationships becomes increasingly difficult with advancing age. Relationships are lost throughout the years due to health reasons, death, or simply moving away. It is never too late to build a new relationship or strengthen an existing one.

The positive effects of a good relationship include:

1. Support in times of a crisis
2. Companionship
3. A chance for growth and learning
4. Opportunity for life review
5. New experiences can be shared

There are numerous places to meet new people. Among them are:

1. Civic groups/special interest groups
2. Senior centers
3. Educational or recreational classes
4. Church or synagogue
5. Volunteering
6. Traveling
7. Neighborhood events

Remember to introduce yourself (or allow someone to help introduce you); ask questions regarding similar interests, hobbies, etc.; share information about yourself. Friendships often develop slowly. Allow yourself enough time, but keep trying even though you may feel uncomfortable in the beginning.

Appendix C

HANDOUTS--MEDICAL CONDITIONS

Appendix C

NOTE: The following are suggestions only, not to be construed as medical advice.

OSTEOPOROSIS

DEFINITION:

Osteoporosis is a gradual decrease in both the amount and the strength of bone tissue. Bones become thin and weak, often breaking under even minor stress. Osteoporosis may begin to affect women in their middle years after the "change of life." It may increase throughout the aging process.

SYMPTOMS:

1. Trouble standing or sitting up straight.
2. Pain in the lower back.
3. Bones fracture more easily.

CAUSES:

1. Decrease in hormones with aging.
2. Loss of calcium in the body.
3. Lack of exercise.
4. Lack of balanced diet.

PREVENTION:

1. See your doctor regularly, especially if over age 50.
2. Report symptoms of low back pain or hip pain to your doctor.
3. Talk to your physician about a calcium rich diet that is designed for you.
4. Exercise or walk daily.
5. Quit smoking.
6. Avoid overconsumption of alcohol.
7. Check with your physician about hormone replacement therapy.

BREAST CANCER

DEFINITION:

One in every nine women in the United States will develop breast cancer during her lifetime. Three-quarters of all breast cancers occur in older women.

SYMPTOMS:

1. A lump or thickening of the breast that does not seem to change or go away.
2. Puckering or dimpling.
3. Swelling.
4. Skin irritation.
5. Tenderness of the nipple.
6. Pain.

CAUSES:

1. Women over age 50.
2. First childbirth after age 30.
3. History of breast cancer in your close family.
4. Never having children.
5. Obesity.
6. Early onset of menstruation or late onset of menopause.

PREVENTION:

1. Practice monthly breast self-examination.
2. Have a yearly mammogram after age 50.
3. See your physician for a yearly breast examination.

SKIN CANCER

There are three main types of skin cancer:

1. Basal Cell Carcinoma
2. Squamous Cell Carcinoma
3. Malignant Melanoma

1. Basal Cell Carcinoma is the most common kind. It begins with a small, shiny white bump--usually on the face, neck or hands. If left untreated, it will bleed. Then it heals and the bleeding process repeats itself. Basal cell carcinoma can destroy the underlying tissues and continue to grow.

2. Squamous Cell Carcinoma usually begins on the lips or tips of the ears. It starts off as a red patch. Unlike the basal cell carcinoma, it can spread to other parts of the body.

3. Malignant Melanoma is the most serious of the three. It usually originates in or near a mole. Melanomas continue to grow and have irregular borders. Like the squamous cell carcinoma, it can spread throughout the body.

Prevention:

1. Wear a sunscreen with a Sun Protection Factor (SPF) rating of 15 or higher. Repeat as needed. Many moisturizers and foundations now contain sunscreen.

2. If possible, wear protective clothing and cover up with a wide-brimmed hat. Also, protect your eyes with UV sunglasses.

3. Do a monthly self-exam of your skin to note any new moles or blemishes. A change in size, color, or shape should be reported to your physician.

HEART ATTACK

DEFINITION:

A heart attack is a blood clot that suddenly and completely blocks a coronary artery. Blood flow must be restored within minutes.

SYMPTOMS:

1. An early symptom is often pain in the chest after exercising--with no warning in some cases.
2. May feel heart pain (angina)--mild to severe.
3. Dull crushing ache in the chest, running to neck, jaw, arms, or back. It may last from a few minutes to several hours.
4. Dizziness, indigestion, upset stomach, nausea.
5. Breathing and heart may stop altogether. Heartbeat may be temporarily interrupted.

NOTE: CPR trained person may be able to restore these vital functions temporarily.

CAUSES:

1. Family history of heart disease.
2. Untreated high blood pressure.
3. Smoking, alcoholism, lack of exercise, high-fat diet, stress.
4. Vigorous exercise with high blood pressure.

PREVENTION:

1. Phone 911 for immediate assistance.
2. If blood pressure is high, take medication and avoid strenuous exercise.
3. Reduce or eliminate fats in diet--no red meats, ice cream, etc.
4. Exercise--low impact aerobics and walking 3-4 times per week.

BLOOD PRESSURE

Blood Pressure: The top (**systolic**) reading shows the force of blood against the artery walls as the heart beats. The bottom (**diastolic**) figure is the pressure when the heart rests and refills between beats. Resting pressure over 140/90 is high.

> WARNING: You may have dangerously high blood pressure and still feel "healthy." Ten percent of Americans are unaware that they have high blood pressure.

Hypertension or **High Blood Pressure** affects 1 out of 4 Americans. Hypertension can rupture vessels in the brain, causing bleeding that leads to hemorrhagic strokes. Also, kidney vessels thicken so severely that the kidneys can no longer remove toxic waste. Hypertension leads to atherosclerosis and heart attacks.

PREVENTION:

1. Maintain proper weight
2. Limit intake of salt
3. Exercise
4. Limit alcohol consumption
5. Stop smoking
6. Have blood pressure checked at least once per year

LOWERING YOUR BLOOD CHOLESTEROL

The major changes that you should make include:

1. Limit your intake of dietary cholesterol to less than 300 milligrams per day.

2. Lower the amount of fat in your diet to less than 30% of calories.

3. Lower the amount of saturated fat to less than 10% of calories.

4. If you are overweight, reduce your weight by exercising more and/or consuming fewer calories.

Kinds of Dietary Fats

MONOSATURATED FATS do not raise blood cholesterol. They can be found in olive and canola oil.

POLYUNSATURATED FATS also do not raise blood cholesterol. They can be found in most vegetable oils such as corn, soybean, cottonseed, sunflower, and safflower.

SATURATED FATS do tend to raise blood cholesterol. These are fats of animal origin. Certain vegetable oils can contain high amounts of saturated fats. They are known as chemically processed hydrogenated oils and are commonly found in packaged foods. Oils such as palm, palm kernel, and coconut are highly saturated and should be avoided.

VISION LOSS

As we age, the lens of the eye becomes thicker and less elastic. The eye loses its ability to change focus.

SYMPTOMS:

1. Inability to focus at close distance (reading printed words or maps).
2. More light is required for proper vision.
3. Blurred vision.
4. Night blindness.
5. Gradual inability to see objects, both near and far, straight ahead and to the side.
6. Increased difficulty in discerning certain colors, especially green, blue, and purple.

CAUSES:

1. Clouding and yellowing of the lens.
2. Cornea becomes thicker and less transparent.
3. Untreated infections of the eye.
4. Glaucoma
5. Cataracts
6. Diabetes
7. Poor nutrition

PREVENTION:

1. Early diagnosis and treatment may assist in retaining eyesight.
2. Eye examination at least every two years.
3. Proper diet--rich in beta carotene.
4. Corrective lenses and cataract removal.

Appendix D

EVALUATION

Appendix D

EVALUATION

What is your overall impression of the class?

What is your opinion of the course content?

Did the printed information in the catalog match what was taught in class?

Which area(s) of the class did you like most?

Which area(s) of the class did you like least?

What could be done to improve this course?

Would you recommend this class to other older women?